FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated average burden						
hours per response16.00						

	SEC U	SE ONLY
Pre	ofix	Serial
	DATE	RECEIVED

Name of Offering (check if this is an amendment USA TECHNOLOGIES, INC. \$0.10 PRIVATE	and name has changed, and indicate change.) E PLACEMENT OFFERING	
Filing Under (Check box(es) that apply): Rule 5	04 Rule 505 X Rule 506 Section 4(6)	ULOE RECEIVED TO
Type of Filing: New Filing Amendment		
· · ·	A. BASIC IDENTIFICATION DATA	JAN 2 3 2006
1. Enter the information requested about the issuer		in the second
Name of Issuer (check if this is an amendment and	d name has changed, and indicate change.)	185/8/
USA TECHNOLOGIES, INC.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
100 DEERFIELD LANE, SUITE 140, MALVE	RN, PA 19355	(610) 989-0340
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
LICENSING AND SALE OF AUTOMATED C	REDIT CARD ACTIVATED CONTROL S	SYSTEMS PROCESSED
Type of Business Organization		
	· · · · · · · · · · · · · · · · · · ·	olease specify): //AN 2 4 2006
business trust limited p	artnership, to be formed	AN 2 4 2000
	Month Year	MIN THOMSON
Actual or Estimated Date of Incorporation or Organizati		nated \ \\ FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter to CN for	r Canada; FN for other foreign jurisdiction)	:: PA
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

P 1 of 9

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2. Enter t	he information re	equested for the fo	llowing:						
• E	ach promoter of	he issuer, if the is	suer has been organized v	vithin	the past five years;				
• E	ach beneficial ow	ner having the pov	ver to vote or dispose, or d	rect th	e vote or disposition	of, 10	% or more o	of a cla	ss of equity securities of the issuer.
;● E	ach executive off	icer and director o	of corporate issuers and or	f corpo	rate general and mar	naging	partners o	f partn	ership issuers; and
E	ach general and s	managing partner o	of partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner	X	Executive Officer	X	Director	П	General and/or
		—	_	_		-			Managing Partner
Full Name (Last name first, i	f individual)							
JENSEN,	JR. GEORGE	ER.							
Business or	Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
100 DEEF	RFIELD LAND	, SUITE 140, I	MALVERN, PA 1935	5					
Check Box(es) that Apply:	Promoter	Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
HERBER1	Γ, STEPHEN,	P							
			Street, City, State, Zip C	ode)					, , , , , , , , , , , , , , , , , , , ,
100 DEEF	RFIELD LAND	, SUITE 140, N	MALVERN, PA 1935	5					
Check Box(es) that Apply:	Promoter	Beneficial Owner	X	Executive Officer	П	Director		General and/or
		_	_						Managing Partner
Full Name (Last name first, i	f individual)							
KOLLS, J	R., HAVEN B	ROCK							
Business or	Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
100 DEEF	RFIELD LAND	, SUITE 140, I	MALVERN, PA 1935	5					
Check Box(e	es) that Apply:	Promoter	Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
DEMEDIC), DAVID M.								
Business or	Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
100 DEEF	RFIELD LAND	, SUITE 140, I	MALVERN, PA 1935	5					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
SELLERS	, WILLIAM W	' .							
Business or	Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				, ,	
100 DEEF	RFIELD LAND	, SUITE 140, N	MALVERN, PA 1935	5	•				
Check Box(c	es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (I	Last name first, i	f individual)							•
VAN ALEI	N, JR., WILLI	AM L	•						
			Street, City, State, Zip C	ode)					
100 DEEF	RFIELD LAND	, SUITE 140, N	MALVERN, PA 1935	5					
Check Box(e	es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director	Д	General and/or Managing Partner
Full Name (Last name first, i	f individual)							A Hamiltonian
KATZ, ST	EVEN								
·	Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
100 DEEF	RFIELD LAND	, SUITE 140, I	MALVERN, PA 1935	5					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Euch beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply. Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) LURIO, DOUGLAS, M. Business or Residence Address (Number and Street, City, State, Zip Code) 2005 MARKET STREET, SUITE 2340, PHILADELPHIA, PA 19103 Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer Director General and/or Managing Partner Full Name (Last name tirst; if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter. Check Box(cs) that Apply: Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business of Residence Address (Number and Street, City, State, Zip Code) Fxccutive Officer Check Box(es) that Apply: Beneficial Owner General and/or Promoter Director Managing Partner Full Name (Last name first; if individual) Business or Residence Address (Number and Street; City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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1.	1. Has the issuer sold, or dues the issuer intend to sall, to non-correlated investors in this offering?								Yes	No				
.1.	 Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 							••••••••••		X				
2 .	· · · · · · · · · · · · · · · · · · ·								\$ N/A	4				
	what is the minimum investment that will be accepted from any individual?									***************************************	Yes	No		
3.	Does th	ne offering p	ermit join	t ownershi	p of a sing	gle unit?						X		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, and commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									he offering. with a state				
Full	Name (Last name f	irst, if ind	ividual)									· ·-	
Bus	iness or	Residence A	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)							
Nan	ne of As	sociated Bro	oker or De	aler										
State	es in Wl	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States"	" or check	individual	States)	************		*************				☐ All States		
	IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	
Full	Name (Last name f	irst, if ind	ividual)										
Busi	iness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)	<u> </u>					• • • • • • • • • • • • • • • • • • •	
Nam	ne of As	sociated Bro	oker or De	aler										
State	es in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States"	or check	individuaļ	States)			•••••				☐ A1	l States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR	
Full	Name (Last name f	irst, if ind	ividual)							_			
Busi	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)				_			
Nam	e of As	sociated Bro	oker or De	aler	7. 1 <u>. 1. 1 </u>	•••								
State	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
(Check "All States" or check individual States)									☐ Al	1 States				
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Agamagata	Amount Almodu
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	§400,000	\$_400,000
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		· · · · · · · · · · · · · · · · · · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		<u>\$_400,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	X	\$
	Printing and Engraving Costs		\$_4,000
	Legal Fees		\$_7,000
	Accounting Fees		\$_2,000
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total		\$ 14,000

C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$386,000 5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.h above. Payments to Officers, Directors, & Payments to Affiliates Others Purchase, rental or leasing and installation of machinery Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another Other (specify):______ ___\\$____\\$____\ ______\$______\$____ Total Payments Listed (column totals added) **\$** 386,000 D FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature= 1/20/06 USA TECHNOLOGIES, INC. Name of Signer (Print or Type) Title of Signer (Print or Type) DAVID M. DEMEDIO CHIEF FINANCIAL OFFICER

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)